PAGE 1 / 10

Image# 201609209030971631

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than All Auth	iorizea Committee	Office l	Jse Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Valor PAC				
ADDRESS (number and street)	131 Madeira Ave			
Check if different than previously reported. (ACC)	Coral Gables		FL 33113	34
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y A	STATE ▲	ZIP CODE 🛦
C C00583153	3. IS	THIS NEW (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Choose One) April 15 Quarterly Report (Choose One) October 15 Quarterly Report (Choose One) January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mar 2 Q1) (c) 12-Day PRE-Election Report for the: Q3) YE) (d) 30-Day POST-Election Report for the:	General (30G)		(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 0		through 08		016
I certify that I have examined the	•	my knowledge and belief it is t	rue, correct and comple	ete.
Type or Print Name of Treasure	Michael Goode			
Signature of Treasurer Mich	nael Goode	[Electronically Filed]	Date 09 / 2	0 / 2016
NOTE: Submission of false, error	leous, or incomplete information	may subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Valor PAC 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 11645.68 January 1, 2016 (b) Cash on Hand at 16908.76 Beginning of Reporting Period..... 2317.33 72030.41 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 83676.09 19226.09 6(a) and 6(c) for Column B)..... 17951.85 82401.85 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1274.24 1274.24 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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va	IUI	Γ	\sim

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(i) iternized (use scriedule A)	7	3,33
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	7	
Lines 11(a)(i) and (ii)▶	0.00	0.00
Lines Tr(a)(i) and (ii)	7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other	7	
Party Committees	2317.33	71571.41
rarty committees	2017.00	4
3. All Loans Received	0.00	0.00
. All Loans Received	7	
	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
i. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	459.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
(b) Levin Funds (from Schedule H5)	0.00	0.00
=		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
7. Total Receipts (add Lines 11(d),	2247.22	72020 44
12, 13, 14, 15, 16, 17, and 18(c))▶	2317.33	72030.41
Total Fadaval Dagainta		
. Total Federal Receipts	2247.22	70000 11
(subtract Line 18(c) from Line 19)▶	2317.33	72030.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating			
Expenditures	16951.85	61201.85	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	16951.85	61201.85	
22. Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	21200.00	
4. Independent Expenditures	0.00	0.00	
(use Schedule E)	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
29. Other Disbursements	0.00	0.00	
80. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17951.85	82401.85	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	17051.85	02404.05	
from Line 31)	17951.85	8240	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	16951.85	61201.85
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	16951.85	61201.85

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 10 (check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	11a 11b 11c X 12								
					13	1	4	15		16		17
	ny information copied from such Reports and St for commercial purposes, other than using the											}
	NAME OF COMMITTEE (In Full) Valor PAC											
Α.	Full Name (Last, First, Middle Initial) MAST VICTORY COMMITTEE					f Rece	eipt					
	Mailing Address 824 S MILLEDGE AVE STE 101				M = M	1	04			016	Υ	
	City	State	Zip Code		Trans	sactio	n ID :	SA12.4	237			
	ATHENS	GA	30605	_	Amoun	t of E	ach R	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	C C00583161			2317.33							
	Name of Employer	Occupation		-	Me TRANSI	mo Ite FER O		T JFC F	UND	s		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 71571.41]								
— В.	Full Name (Last, First, Middle Initial) Howard Cox				Date of Receipt							
	Mailing Address 356 Worth Ave				07 28 2016							
	City	State	Zip Code		Trans	saction	n ID :	SA12.4	237.0)		
	Palm Beach	FL	33480		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			2700.00							
	Name of Employer	Occupation		_	X Me	mo Ite	m					
	None	Retired										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		2700.00									
<u> </u>	Full Name (Last, First, Middle Initial) Carlyn Mayer				Date o	f Rece	eipt					
	Mailing Address 7098 Ayshire Ln			05	′	17	1) 16	Y		
	City Boca Raton	State FL	Zip Code 33496	Transaction ID : SA12.4237. Amount of Each Receipt this P								
	FEC ID number of contributing federal political committee.					. ,		,		4800.	00	
	Name of Employer	Occupation			★ Me	mo Ite	m					
	None	Retired										
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼	Aggregate	4800.00									
5	SUBTOTAL of Receipts This Page (optional)			•						2317.:	33	

TOTAL This Period (last page this line number only).....

2317.33

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only			
	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) Valor PAC	me and dudress of any points		SOURCE TO THE COURT OF THE COUR		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Eden Gordon	Eden Gordon				
Mailing Address 2400 S Ocean Dr Unit 7431			08 02 2016		
City	State Zip Code		Transaction ID : SB21B.4228		
Fort Pierce Purpose of Disbursement	FL 34949				
See Memo Entries		001	Amount of Each Disbursement this Period		
Candidate Name		Category/	3393.11		
Office Sought: House Disburse	ement For:	Туре			
Senate President	Primary General Other (specify)		Memo Item		
State: District:] .				
Full Name (Last, First, Middle Initial) F. Eden Gordon			B (B) .		
Eden Gordon			Date of Disbursement		
Mailing Address 2400 S Ocean Dr Unit 7431		08 02 2016			
City Fort Pierce	State Zip Code FL 34949		Transaction ID : SB21B.4228.0		
Purpose of Disbursement PAC Public Relations Services		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	3000.00		
Office Sought: House Disburse	ement For: Primary		X Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Eden Gordon			M M / D D / Y Y Y Y Y		
Mailing Address 2400 S Ocean Dr Unit 7431		08 02 2016			
City Fort Pierce Purpose of Disbursement	State Zip Code FL 34949		Transaction ID : SB21B.4228.1		
PAC Mileage		001	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	293.76		
Office Sought: House Disburse	ement For: Primary General Other (specify)		★ Memo Item		
SUBTOTAL of Disbursements This Page (optional).			3393.11		
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			3333.1		

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	-			
		Detailed Summary Page	27	28a 28b 28c 29 30b			
	ly information copied from such Reports and Statem for commercial purposes, other than using the nam						
\rangle	NAME OF COMMITTEE (In Full) Valor PAC						
۹.	Full Name (Last, First, Middle Initial) Lems Realty			Date of Disbursement			
	Mailing Address 320 SW Federal Hwy			08 02 2016			
	City S Stuart	State Zip Code FL 34994		Transaction ID : SB21B.4235			
	Purpose of Disbursement PAC Rent		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/ Type	2000.00			
		nent For: Primary General Other (specify) ▼		Memo Item			
	Full Name (Last, First, Middle Initial)						
3.	PCS Consulting			Date of Disbursement			
	Mailing Address 1505 Osprey Ct			08 23 2016			
	Lino Lakes	State Zip Code MN 55038		Transaction ID: SB21B.4242			
	Purpose of Disbursement PAC Strategy Consulting		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/ Type	3000.00			
		nent For: Primary General Other (specify) ▼		Memo Item			
	Full Name (Last, First, Middle Initial)			Date of Disbursement			
٠.	Professional Data Services			M = M / D = D / Y = Y = Y			
	Mailing Address 824 S Milledge Ave Ste 101			08 26 2016			
	Athens	State Zip Code GA 30605		Transaction ID: SB21B.4250			
	Purpose of Disbursement PAC Compliance Services		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/ Type	3558.74			
		nent For: Primary General Other (specify)	туре	Memo Item			
_				8558.74			
S	SUBTOTAL of Disbursements This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 1 (check only 21b 27		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Valor PAC				
Full Name (Last, First, Middle Initial) A. ZDB Inc Mailing Address 131 Madeira Ave 2nd Fl			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	State Zip Code			
	FL 33134	001 Category/	Amount of Each Disbursement this Period	
		Type	5000.00 Memo Item	
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
Mailing Address City S	State Zip Code			
Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate President		Category/ Type	Amount of Each Disbursement this Period Memo Item	
State: District: Full Name (Last, First, Middle Initial) C.			Date of Disbursement	
Mailing Address	Mailing Address			
	State Zip Code			
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify)		Memo Item	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			5000.00 16951.85	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27			
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or use me and address of any politica	d by any perso	on for the purpose of soliciting contributions		
Valor PAC					
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC Mailing Address 228 S WASHINGTON STREET SUITE 115				
City	State Zip Code VA 22314		Transaction ID : SB23.4247		
	ement For: 2016	011 Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item		
State: AZ District: 00 Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼				
Mailing Address			Date of Disbursement		
City	State Zip Code				
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period		
	ement For: Primary General Other (specify)	Category/ Type	Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address					
City Purpose of Disbursament	State Zip Code				
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Senate President State: Disburse	ement For: Primary General Other (specify)		Memo Item		
SUBTOTAL of Disbursements This Page (optional).			1000.00		
TOTAL This Period (last page this line number only	1000.00				